

US EPA Region 2  
Analysis Request Form

CLP Case/Project #:		Date Received by RSCC:		Date Cancelled:	
Site Name: Barth Smelting Corporation		CERCLIS ID: N/A		Sampling Dates:	
City/Town: Newark		Op Unit: 00 Site Spill ID: A22L		Start: 10/29/2012	
State: NJ		Action Code: Removal - RS		Finish: 10/31/2012	
EPA Project Manager:		Analytical Services Requestor:		Proposed Shipping Dates:	
First Name: Kimberly		First Name: Smita		Start: 10/29/2012	
Last Name: Staiger		Last Name: Sumbaly		Finish: 10/31/2012	
		Phone #: 7325854410		Saturday Delivery? <input checked="" type="checkbox"/> Yes	
EPA Approved QAPP?: <input type="checkbox"/> Yes		Organization: Weston Solutions, Inc RST 2		Arrival Time:	
Date of QAPP Approval: not approved		Oversight/Split Sampling?: <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> 0800-1200Hrs	
		Labs Used: (PRP/FF)		<input type="checkbox"/> 1200-1600Hrs	
E-mail for Lab Assignments:		E-mail for Data:		Address for Hard Copy:	
S.Sumbaly@westonsolutions.com		S.Sumbaly@westonsolutions.com		2890 Woodbridge Avenue	
s.snyder@westonsolutions.com		s.snyder@westonsolutions.com		Edison, NJ 08837	
Contaminants of Concern (if known):		Lead			
Known Hazardous Waste Constituents:		Lead			
Special Requests & Reporting Requirements (attach if more space required):					
The OSC has requested a 42-day total TAT for validated data..					
Aqueous samples are rinsates.					
** Shaded area for RSCC use only **					

U.S. EPA Region 2  
Analysis Request Form[illegible]

**\*\* See instruction sheet for explanation of Turnaround Time for validated data.**

Accepted by:		Date Accepted:	
** Shaded area for RSCC use only **			

**Instructions for the Completion of  
the  
“U.S. EPA Region 2 Analytical Services Request Form”**

The following are instructions for the completion of the “U.S. EPA Region 2 Analytical Services Request Form”. These instructions should be referred to assure the request form contains accurate information and is complete. Proper completion of the request form will cut down on the time needed to process requests for analytical services. Lab assignments will not be made until form is accurately completed by Analytical Services Requestor and accepted as complete by the Regional Sample Control Coordinator (RSCC).

**General Instructions**

**1. In order to use this form’s drop down lists and checkboxes you will need to *ENABLE MACROS* . When you open the file one of three things should happen:**

- a. If you are not asked anything when you open the file and the macros are fully functional, that means your security level is set to **Low**. This is dangerous for your computer and it is highly advised that you set your macro security level to **Medium** by following the instructions below.
- b. If you are given a security warning with the options of disabling or enabling, please click **Enable Macros**.
- c. If you are given any other error message you need to set your security level to a lower setting. To do this:
  - i. On the **Tools** menu, select **Options**.
  - ii. Click the **Security** tab.
  - iii. Under *Macro Security* , click **Macro Security**.
  - iv. Click the **Security Level** tab, then select **Medium**.
  - v. Close the file and reopen it.
  - vi. You should be given a security warning with the option of disabling or enabling, please click **Enable Macros**. The form should now be fully functional.

**2. Do not fill out any grayed areas. For RSCC use only.**

3. For the fields that contain “drop down lists”; information can be manually entered if the required parameter is not provided
4. All requests must be electronically submitted, via e-mail, to: Adly Michael (Michael.adly@epa.gov), Jennifer Feranda (Feranda.jennifer@epa.gov) and Robert Toth (toth.robert@epa.gov).
5. The e-mail (transmitting the request) subject line should read: **“Analytical Services Request: (Site Name ); (Project Start Date )”**
6. Requests for routine analytical services (RAS) in standard matrices (i.e. water, soil, and sediment), should be submitted to RSCC no later than noon Tuesday, the week prior to the sampling start date.
7. Requests for non-routine analytical services and non-standard matrices (i.e., waste, oil, concrete, fish tissue, etc) should be submitted to the RSCC at least two weeks prior to the sampling start date.  
Note that if analyses can not be accommodated by the EPA Regional lab or the CLP, requests should be provided with enough leeway for alternative analytical services to be procured).
8. Once laboratory assignments have been made, the RSCC will forward the lab assignments, shipping addresses and any other relevant information to the designee (see # 24 below) usually by Thursday or Friday prior to the sampling start date. In cases where alternative analytical services are required, the requestor will be notified within a sufficient time frame to procure those services from an outside source.

**Project Information**

9. **Site Name:** Name of site in which sampling will be conducted.
10. **City/Town:** City or town where site is located.
11. **State:** [Drop Down List](#) - State that site is located in
12. **CERCLIS ID:** A site identifier starting with the abbreviation for the state in which it is located and followed by several digits i.e., NYD000222999 (NJxxxxxxxxxx, PRxxxxxxxxxx or  
If this is not known, please check with EPA Project Manager (PM) i.e., Remedial Project Manager (RPM), On Scene Coordinator (OSC), Site Assessment Manager (SAM), etc. If a CERCLIS ID has not yet been established for the site, please indicate so on the form.
13. **Operable Unit:** [Drop Down List](#) - Specific site operable unit (OU) for project (ie. 01, 02, etc). If uncertain as to OU, check with EPA PM. If no OU has been assigned, please indicate by using “00”
14. **Site Spill ID:** A two digit site identifier (i.e., K2). These two digits are preceded by “02”. If this is not known, please check with EPA PM, THIS MUST BE PROVIDED.
15. **Action Code:** [Drop Down List](#) - Please refer to table below for definitions of action codes provided in drop down list.

ACTION CODE	DEFINITION
Remedial QB	Site Assessment
Remedial CO	Combined RI/FS
Remedial RA	Remedial Action
Remedial BD	PRP Lead RI/FS
Remedial BF	PRP Lead Remedial Action
Remedial ME	PRP Long Term Response
Remedial RD	Remedial Design
Remedial FE	Post Construction Activities
Remedial BE	PRP Lead Remedial Design
Removal RS	Removal Assessment

<b>Removal RV</b>	Removal, Fund Lead
<b>Removal BB</b>	PRP Lead Removal
<b>Federal Facility OX</b>	Federal Facility Oversight
<b>Federal Facility QB</b>	Site Assessment
<b>BRAC PX</b>	Site Specific BRAC

16. **Sampling Dates:** “Start”: Date sampling is expected to begin. (i.e., 04/04/08)  
“Finish”: Date sampling is expected to end (i.e., 04/06/08)
17. **Proposed Shipping Dates:** “Start”: First date samples are expected to be shipped to the lab(s).  
“Finish”: Last date samples are expected to be shipped to the lab(s).
18. **Arrival Time:** [Check Boxes](#) - Time Frame that samples are expected to arrive at laboratory
19. **Saturday Delivery:** [Check Box](#) - Check “yes” if samples are expected to be delivered to the lab(s) on a Saturday.
20. **EPA Project Manager:** “First Name”: First name of EPA Project Manager.  
“Last Name”: Last name of EPA Project Manager
21. **Analytical Service Requestor:** “First Name”: First name of person submitting the analytical request form from the field contractor, EPA, state, etc.  
“Last Name”: Last name of the person submitting the analytical request form from field contractor, EPA, State, etc.
- Note:** Each sampling organization should have a dedicated person who submits the analytical requests to the EPA RSCC and serves as point of contact for answering questions and resolving issues.
22. **Phone #:** Phone number of Sampling Coordinator. Format used should be 1234567899
23. **Organization:** Sampling organization conducting the sampling event (i.e., EPA, name of site contractor, State etc.)
24. **EPA Approved QAPP:** [Check Box](#) - Check “yes” if the project has an approved Quality Assurance Project Plan (QAPP).  
**Note:** SAMPLES WILL NOT BE ANALYZED WITHOUT AN EPA APPROVED QAPP.
25. **Date of QAPP Approval:** Provide the date in which the QAPP was approved by the EPA Project Manager.
26. **Oversight/Split Sampling:** [Check Box](#) - Check “yes” if samples being collected are oversight or split samples for a PRP/Federal Facility project.
27. **Labs Used:** If the box for “Oversight/Split Sampling” is checked yes, provide the name of lab(s) being used by the PRP, Federal Facility, etc.
28. **Email for Lab Assignments:** E-mail address(es) that the lab assignments should be sent to.
29. **Email for Data:** E-mail address(es) (other than EPA Project Manager) to which validated data and data assessments should be sent. Please note all CLP data will be sent in electronic formats.
30. **Address for Hard Copy:** For analyses being performed by the EPA DESA Laboratory, address in which the hard copy of the data should be sent.
31. **Contaminants of Concern:** List any know contaminants of interest/concern for the specific site.
32. **Known Hazardous Waste Constituents:** List any know hazardous wastes/contaminants at the site that the lab should know about for Health and Safety or Disposal purposes (i.e. radionuclides, PCBs, asbestos, etc.)
33. **Special Requests & Reporting Requirements:** Provide any information regarding special project requirements that the lab(s) need to know to meet project specific requirements. These can include, but are not limited to: lower or higher CRQLs, additional compounds outside the standard TCL/TAL lists; high concentration samples; sample volume concerns; canister needs (for TO-15 air samples), etc. Attach additional pages if more space is required other than what is provide on the request form.

#### Requested Analysis

34. **Site Name:** Provide site name on the top of the analytical request table
35. **# of Samples:** Provide the number of samples per matrix per analysis. Include relevant QC samples (trip blanks, field duplicates, rinsate blanks, etc.)
36. **Concentration Level:** [Drop Down List](#) – Designate the anticipated concentration for the samples to be analyzed.
37. **Matrix:** [Drop Down List](#) – Provide the matrix (i.e., soil, aqueous, oil, air, etc.) for the samples being collected.
38. **Analysis:** [Drop Down List](#) - Provide the required analyses from the drop down list (i.e., VOA, Pesticide, PCBs, etc.). If the required analysis can not be found in the drop down list, the field can be manually populated.
39. **Turnaround Time:** Turnaround time should be the total turnaround time needed for the receipt of validated data by the EPA PM and/or their designee (i.e. if validated data is needed by the project team in 35 days, 35 days should be indicated on the request form) .
40. **SOW#/Method:** Provide the project required analytical method needed (i.e. SOM01.2, ILM05.4, SW-846 8260, etc.)
41. **Laboratory Assignment:** The laboratory assigned to analyze each group of samples. **NOTE: If samples are to be sub-contracted out for analysis, name of sub-contract lab should be provide in this space when request is submitted to RSCC.\*\***

**\*\* ANSETS data sheets with detailed information regarding sub-contracted analytical services are required to be submitted to the RSCC (Adly Michael and Jennifer Feranda) by the fifth (5th) of each month.**